



Delta Dental PPO Point-of-Service Dental Plan Highlights STATE OF INDIANA – Group #9840

This Summary of Dental Plan Benefits and Dental Care Certificate will provide you with additional information about your Delta Dental plan, including information about plan exclusions and limitations. In the event that you seek treatment from a dentist that does not participate in any of Delta Dental's programs, you may be responsible for more than the percentage indicated below.

Benefit Year - January 1 through December 31

Covered Services -	PPO Dentist		Premier Dentist		Nonparticipating Dentist	
	Plan Pays	You Pay	Plan Pays	You Pay	Plan Pays	You Pay
Diagnostic & Preventive						
Diagnostic and Preventive Services - includes exams, cleanings and fluoride treatments.	100%	0%	100%	0%	90%	10%
Emergency Palliative Treatment - Used to temporarily relieve pain.	100%	0%	100%	0%	90%	10%
Radiographs - X-rays	100%	0%	100%	0%	90%	10%
Sealants - Used to prevent decay of pits and fissures of permanent back teeth.	100%	0%	100%	0%	90%	10%
Basic Services						
Oral Surgery Services - Extractions and dental surgery	80%	20%	80%	20%	70%	30%
Endodontic Services - root canals	80%	20%	80%	20%	70%	30%
Periodontic Services - Used to treat diseases of the gums	80%	20%	80%	20%	70%	30%
Minor Restorative Services - fillings	80%	20%	80%	20%	70%	30%
Relines and Repairs - Relines and repairs to bridges and dentures.	80%	20%	80%	20%	70%	30%
Single Crowns & Cores - Used when teeth can't be restored with another filling material.	80%	20%	80%	20%	70%	30%
Major Services						
Prosthodontic Services - Used to replace missing natural teeth (for example, bridges, implants and dentures).	60%	40%	60%	40%	50%	50%
Orthodontic Services						
Orthodontic Services (no age limit) - Used to correct malposed teeth (for example, braces).	60%	40%	60%	40%	50%	50%

Maximum Payment - \$1,000 per person total per benefit year on Diagnostic & Preventive, Basic Services and Major Services. Delta Dental's payment for Orthodontic Services will not exceed a lifetime maximum of \$1,125 per eligible person.

Deductible - \$50 deductible per person total per benefit year limited to a maximum deductible of \$150 per family per benefit year on Basic Services and Major Services. The deductible does not apply to Diagnostic & Preventive or Orthodontic Services.